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DECLADAT	ION FOR UTIL	ITY OD	Attorney Do	cket Number	TKG	4188			
DECLARAT	'ION FOR UTIL DESIGN	JITOR	First Named				Laurenzai		
PATENT APPLICATION (37 CFR 1.63)			COMPLETE IF KNOWN						
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hereby declare that:									
Each inventor's residen	ce mailing address	and citizenship are	e as stated be	elow next to t	their name.				
believe the inventor(s)						h is claime	d and for		
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[Page 1 of 2]

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NAME OF SOLE OR FIRST IN	VENTOR:	П А ре	etition has	been filed for th	is unsigi	ned inventor	
Given Name (first and middle [if any]) Michael T. Family Name or Surname Laurenzana							
Inventor's Signature Minhal A Jaunyona						Date 8-24-03	
Residence: City Kincaid State IL					nship SA		
Mailing Address 223 Elm Stree	t						
City Kincaid	State IL		ZIP 62540			Country USA	
NAME OF SECOND INVENTO	OR:			A petition has be	en filed	for this unsigned inventor	
Given Name (first and middle [if any])				Family Name or Surname			
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First N	amed Inventor	M	ichael	T.	Lau	re	nzana	7	
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X Applicant/Inventor.								
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)								
SIGNATURE of Applicant or Assignee of Record								
Name Mic.	hael T. Lau	renzana						
Signature M.	had I You	exergne						
Date 8-24-03 Telephone (219) 239- 2279								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
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